

Validation Challenge Workshop

~ REGISTRATION FORM ~

Workshop attendance is by "Invitation Only".
Contact Workshop Organizers for additional information.

FAX FORM: 505-844-4523

Name: _____
Department: _____
Affiliation: _____
Address: _____
State/Province _____ Zip: _____
Country: _____
Email: _____
Phone _____ Fax: _____

REGISTRATION FEES:

	Regular	TOTALS:
Conference Registration (Fax Registration Due by May 19, 2006)	___ \$400	_____
Reception, May, 21, 2006	___ Yes ___ No	
Dinner Banquet May 22, 2006 (Included in registration fee) ATTENDING:	___ Yes ___ No	
Guest for Dinner	___ # Guests ___ \$60 ea	_____
Dietary Restrictions: _____		
	TOTAL:	_____

PAYMENT BY CREDIT CARD:

___ VISA ___ Master Card ___ American Express (Check method of payment)

Credit Card #: _____ Expiration Date: _____
(required) (required)

Name on Card: _____ Signature _____
(print name) (required)

PAYMENT BY CHECK OR MONEY ORDER (in U.S. Funds, no cash accepted)

Payable to: Sandia National Laboratories, VCW
Mail to: Attn: Steve Kranz, Conference Coordinator
PO Box 5800, MS0833
Albuquerque, NM 87185-0833

FAX REGISTRATION FORM TO: 505-844-4523